

# APPLICATION FOR ACCESS TO C.O.R.I. DOCUMENTS

The **Criminal Offender Record Information (CORI) Law (M.G.L. c.6, s.178A)** mandates that victims, witnesses, family members of homicide victims, and parents/guardians of minor aged victims (as defined by the Victim Rights Law, M.G.L. c.258B) shall, upon request, be certified **to receive CORI from criminal justice agencies regarding the criminal case which pertains to them.**

In addition, criminal justice agencies may also, in their discretion, disclose CORI relating to other offenses committed by the offender. They may also disclose an offender's **evaluative (mental health) and intelligence (investigative) information** which is not considered to be CORI. The criminal justice agency may disclose this discretionary information if they deem it necessary for the security and well being of the "178A certified person."

**CORI** is certain documentation and information held by criminal justice agencies regarding an offender's crime, arrest, prosecution, conviction, incarceration, probation and parole.

**\*\*Applicants must provide criminal justice documentation to verify their eligibility status to receive CORI under M.G.L. c.6, s.178A.** Documentation can include, but is not limited to, a brief statement from the victim witness advocate/prosecutor involved in the case, copies of any documents or letters issued by the court or District Attorney's Office, and police reports.

## OFFENDER INFORMATION

Name:	DOB:	Social Security #:
*Date of Crime:	Charges:	
Docket #:	Probation Central File #:	
Sentence:		Date of Sentence:

\*\* Applicant must be at least 18 years of age \*\*

## APPLICANT INFORMATION

Name:	DOB:	Social Security #:
Mailing Address:	City:	State: Zip:
Home Phone: ( )	Business/Other Phone: ( )	
Victim's Name (if not applicant)	DOB:	Relationship to Victim

## YOU ARE APPLYING AS:

☐ Victim ☐ Witness ☐ Family member of homicide victim ☐ Parent/Guardian of minor aged victim

Do you want to receive a copy of the offender's criminal record? YES NO

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Victim Witness Advocate: \_\_\_\_\_ Court: \_\_\_\_\_ Phone: \_\_\_\_\_

Criminal History Systems Board  
200 Arlington Street, Suite 2200, Room 2112  
Chelsea, MA 02150

(Revised 4/05)

Phone: (617) 660-4690 Fax: (617) 660-5973